

 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline	Date Received: 04-MAR-2014	Repository <input type="checkbox"/>
		Reference No. 10567375	

OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	
PITTSBURGH	PA	[REDACTED]	
Daytime Telephone Number		E-mail Address	
[REDACTED]		[REDACTED]	
Evening Telephone Number			
[REDACTED]			

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 5ZT2FEWB6DA [REDACTED]	Make COACHMEN	Model FREEDOM EXPRESS	Model Year 2013
Date Purchased 21-SEP-13	Dealer's Name and Telephone Number COLERAIN RV		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City DELAWARE	State OH	Zip Code
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: 2	Incident Date(s) 21-SEP-2013

FAILED COMPONENT(S)/PART(S) INFORMATION		
Vehicle Component Code: 031100 SERVICE BRAKES, ELECTRIC	Failure Mileage SINCE	Failure Speed NEW

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE		
Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type:	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE		
Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION			
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths
Reported to Police N			

Narrative Description of Incident(S), Crash(es), and Injury(ies).
 Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

GREASE DETECTED ON BRAKE LININGS: FURTHER DETAILS IN ODI FILES. UPDATED 03/07/14* LJ UPDATED 03/18/2014 *JS.

I HAVE FORWARDED E-MAILS IN REGARDS TO THIS SITUATION TO NATE SEYMOUR (NTSB) WITH PHOTOS. REPAIR INVOICES INCLUDED. UNIT HAS BEEN REPAIRED 3-TIMES. APPROX MILES ON TRAILER 1000.00.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.